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(State of Maine
Workers Compensation Board)

Maine Electronic Data Interchange (EDI) Implementation Guide

Preface

This Implementation Guide is provided to assist Claim Administrators, Insurers and Self Insureds with Electronic Data Reporting to the State of Maine Workers Compensation Board. Additional information, including the text for the Electronic Data Interchange (EDI) Reporting Rules, is available on the State of Maine WCB web site:

<http://www.state.me.us/wcb/departments/technology/electronic.htm>

If you have any questions about the EDI reporting requirements or any information provided in this Implementation Guide, please contact:

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Electronic Data Interchange Rules

The 121st Maine Legislature enacted legislation that required the State of Maine Workers' Compensation Board (WCB) to adopt rules mandating electronic filing. The legislation directed the Board to proceed by the consensus based rulemaking process. A committee was formed consisting of representatives from the insurance community, self insureds, WCB of Directors, and WCB staff. Recommendations were forwarded and unanimously approved by the Board of Directors.

The approved rules are available at the Maine WCB website,
<http://www.state.me.us/wcb/departments/technology/electronic.htm>.

All First Reports of Injury (FROI) must be filed via EDI on or before January 1, 2005. A Waiver for Trading Partners has been granted until July 1, 2005 for trading partners who elect to send information via the IAIABC R3 format. Effective date for the trading partners to begin submitting reports via EDI is the "date approved for Production". Any FROIs received once approved for EDI will be sent via EDI.

If paper reports are received after July 1, 2005 there is a potential for a fine. Refer to Rules at the Maine WCB website

While this guide refers to the First Report of Injury only, the IAIABC Release 3 Subsequent Report of Injury (SROI) has been mandated for denials and first payments for January 1, 2006.

Electronic Data Reporting

Formats

The WCB offers two options with regard to the electronic filing format:

- Proprietary FROI format, in use over the past 7 years
The Implementation Guide for the Maine Proprietary FROI format is available on the Maine WCB website: <http://www.maine.gov/wcb/departments/technology/electronic.htm>
- The International Association of Accident Boards and Commissions (IAIABC) Claims Release 3.
Note: IAIABC Claims Release 3 is the only format that will be used for the SROI.

Fax transmission is not an accepted method to meet the context of electronic filing discussed herein.

This implementation guide includes information for reporting in the IAIABC Claims Release 3 EDI format. While general and Maine specific business requirements are detailed in this Implementation Guide more detailed information from the IAIABC Implementation Guide will be needed. You may download The IAIABC Claims Release 3 Implementation from their website: <http://www.iaabc.org/EDI>.

The IAIABC guide includes:

- Section 1: Jurisdiction EDI Preparation
- Section 2: Technical Documentation
 - Systems & Processing Rules
 - Flat File Record Type Descriptions and Layout
- Section 3: Acknowledgement Scenarios
- Section 4: Business/Technical Process Rules
 - How to handle legacy and acquired claims
 - Variable segment population rules
 - Error correction process
 - Transaction sequencing
 - MTC simplification guide
- Section 5: Business Scenarios
 - Same as Release 1.0 guide
 - Scenarios give actual 'live claims' event examples to illustrate which MTC should be submitted under different circumstances
- Section 6: Data Dictionary
 - Combined Business & Technical Data Dictionary

Other Documents include:

- Error Message Dictionary
- Glossary for EDI terms

EDI Communications:

Trading partners may use the following communication methods to transmit their First Report of Injury (FROI) and Subsequence Reports (SROI). The EDI transactions will be processed and acknowledgment files returned to each trading partner. The acknowledgment will provide the status of the report (TA, TE, or TR) for each EDI transaction and the Maine WCB Claim number. Formats for First Report of Injury Confirmation Report and First Report of Injury Error Report are included in the Appendix.

Methods of communications:

- Approved EDI [Service Providers](#) - Companies that may be able to assist with EDI service needs.
- FTP, see instructions following.

Procedure to FTP to the MAINE WCB (10/04)

1. Complete Vendor Profile. Upon approval by the ME WCB, a login name and password will be forwarded to the Trading Partner.
2. FTP to host 198.182.163.91 (default port 21) with your login name and password (*). PGP encryption available.
3. The login id will automatically give you access to your directory only at which time you would upload the file to be processed as well as download any error or confirmation files from previously submitted files. A copy of the FR file along with the corresponding acknowledgement files will be kept in the Archive subdirectory. Deletion of all acknowledgement files in the home directory is the responsibility of the sending entity.

(*) <login id> and password will be provided by Paul J. Fortier, WCB.

File Naming Convention

FROI Input File:

First Report Of Injury Emp/Ins: FR<date>.<time> (*) FR01051999.1025

If sending PGP encrypted: FR<date>.<time>.asc (*) FR01051999.1025.asc

FROI Acknowledgment Reports:

IAIABC Claims R3 Format

AKC<name><date><time> AKCLiberty01051999.1025

If sending PGP encrypted: AKC<name><date><time>.asc AKCLiberty01051999.1025.asc

***Please make sure that the name of the Input file is CAPITALIZED and the .asc (if using PGP encryption) is lower case.**

—

Trading partners are required to indicate on their EDI Trading Partner Profile which method of communications they will use.

WCB Forms Required

The State of Maine WCB will focus on the electronic submission of following three forms;

1. The First Report of Injury, FROI, (WCB-1)
2. The Notice of Controversy (WCB-9) (SROI, Subsequent Report of Injury 04 DENIAL)
3. Initial Payment (WCB-3 Memorandum of Payment) (IAIABC SROI, Subsequent Report of Injury)

See Appendix for forms.

Data Elements Requirements

Data requirements and documentation for the IAIABC data reporting format will be included in this Implementation Guide and posted on the WC. See the Appendix for the tables and a complete listing of Data Elements, Business Rules, Conditions, and Edits applying to each element.

Production Deadline

The production deadline for the electronic submission for each of the forms listed above is identified on our website at:

<http://www.state.me.us/wcb/departments/technology/electronic.htm>

Requirements for Becoming an Electronic Data Reporter

All insurers, employers and third party claim administrators must report workers compensation injuries and payments to the Maine WCB. There are four requirements for becoming an EDI trading partner:

Maine Electronic Trading Partner/Transmission Profile
Trading Partner Identification List (ID List)
Completion of the Testing process

The full requirements are detailed on the Maine WCB website:

<http://www.state.me.us/wcb/departments/technology/electronic.htm>

Electronic Trading Partner Profile

Maine WCB requires each entity planning to send first report of injury information to it to complete the Maine Electronic Trading Partner/Transmission Profile document provides pertinent information about the receiver, sender, and transmission protocol. A blank copy of the Profile form is available at the Maine WCB website: <http://www.maine.gov/wcb/departments/technology/electronic.htm>. Also, for your convenience, the one page Electronic Trading Partner/Transmission Profile is included in the Appendix.

Electronic Transmission Profile

The Electronic Transmission Profile is a necessary and required document for both the receiver of the information (Maine WCB) and the entity or sender of the information. The transmission Profile is a two part document:

- 1) The Sender's Electronic Transmission Profile which must be completed and returned to Maine WCB; and
- 2) The Receiver's (Maine WCB) Electronic Transmission Profile provided for your info

Receiver's Electronic Transmission Profile

The Maine WCB specific Electronic Transmission Profile – the Receiver's profile is in the Appendix. You will need this information to address and forward your electronic transmissions.

Sender's Electronic Transmission Profile

The sender's Electronic Transmission Profile indicates how the Electronic Trading Partner will be sending data to the Maine WCB.

Note: from the Receiver Profile, Maine will only accept FTP; however, sender must specify their IP Address for firewall filter purposes.

Each "entity" sending data is required to forward a sender's profile to the State of Maine. If a company is sending data from more than one ***sending address***, then a separate sender's profile for each of sender's address is required.

Complete the Electronic Trading Partner's Sender Profile. A blank copy of the Electronic Trading Partner's Sender Profile is included in the Appendix for your convenience. After completion, email or fax the sender's profile to the Maine WCB at:

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Maine Electronic Partnering Insurer/Claim Administrator ID List

For a claim administrator who has many locations but is sending data from one location, complete the Maine Electronic Partnering ID List. Provide the full Insurer/Claim Administrator Legal Name, FEIN and Type for whose claims the Sender (Trading Partner) will be transmitting data. Include the master FEIN (Federal Employer's Identification Number) and address information for the "sender" address – the address and FEIN for the location from which the information is transmitted – referred to as the "master" FEIN and address which will be in the header record.

However, each individual claim's First Report of Injury requires the party responsible for the administration of the claim to report its FEIN and address information. If the information for the administrator of the claim being reported is different than the "master" FEIN or the address is different or there are multiple location addresses serviced by the "sender", a list of each FEIN and location address is required. For example, an insurer group may use a master FEIN and send data for more than one individual company within its group from one location but may have multiple local administrator addresses and FEIN(s). Then the **Maine Electronic Partnering ID List** with all the **Insurance Carriers/Claim Administrator Legal Name(s) and FEIN(s)** is required.

Refer to the Appendix for a blank Maine Electronic Partnering ID List or to Maine WCB site:
<http://www.maine.gov/wcb/departments/technology/electronic.htm>

Updates to Sender ID List

Any changes or additions to the initial list must be sent to Maine WCB. Maine will use the information on the Sender's profile and the ID List to build a database of administrator information. An individual claim's submission will be matched to the database by Claim Administrator FEIN and postal code. Use the Maine Electronic Partnering ID List form, see the Appendix.

Transaction Testing Requirements

All potential electronic transmission senders must pass testing procedures before the State of Maine Workers Compensation Board (WCB) will approve receiving the specified EDI transmissions (see the Event Table). Any transmissions received from an unknown electronic sender will not be accepted and will not meet the testing requirements even if the transmission itself consists of valid information.

The testing process consists of five steps:

1. Pre-Testing approval
2. FTP Connection Test
3. Electronic format testing
4. Event (First Report of Injury) Testing
5. Test Completion and Approval

While all insurers, third party administrators and Employers must complete step 1, any multi-state electronic filer (including those who use or plan to use a service provider to meet Maine WCB regulations) who has been approved and qualified for electronic transmission of First Report of Injury in the IAIABC format may not be required to complete any additional testing steps. All, however, must advise via the pre-testing forms their status.

EDI Service Providers

Refer to the Maine WCB website for a list of EDI Service Providers approved for EDI submission. <http://www.state.me.us/wcb/departments/technology/electronic.htm>

Pre-Testing Approval

The potential electronic filing trading partner must submit the following forms before submitting an electronic test filing:

1. The Trading Partner Profile
2. The Electronic Senders Profile
3. The Maine Electronic Sender's ID Listing

All of these forms are discussed in detail on previous pages of this implementation guide. Refer to the Appendix, the Index and or the Table of Contents for page numbers and other pertinent information. The forms must be completed using the formats in this Implementation Guide since these has been customized to reflect information required by the Maine WCB.

Testing is waived for Trading Partners that are using an EDI Service Provider that has been approved for production. They do not have to test but can go straight to production after submission of profiles and approval by Maine WCB.

Trading Partners that are in EDI production with other states have to complete the Maine EDI Testing process. If the Trading Partner fulfills the format testing requirements, then the EDI event testing will be waived.

FTP Connection Test

Upon approval of a completed Trading Partner forms the Maine WCB will forward to the Trading Partner a unique login name and password. The Receiver (Maine WCB) will establish the a home directory for file drop-off and pick up. Other subdirectories will be established for UIAN file download as well as an Archive directory for all input and acknowledgement file storage.

Each Trading Partners can test the connection once they receive the login name and password for their account.

Electronic Format Testing

The following items and sequence of testing applies.

One transmission batch with a minimum of one FROI in the IAIABC R3 format will be required to validate your transmission and ensure proper file structure. Upon approval of the transmission batch test the sender may proceed to the actual event testing. The transmission batch test must consist of at least one header and at least one First Report of Injury (FROI) which pass all Maine WCB data element requirements. The Format test will validate such items as:

- Transmission method sent
- Header (HD1)
- Data Element Format
- Trailer (TR2) – proper transaction count & detailed record count
- 148 – proper file length (913 bytes)
- R21 – proper file length dependent on variable segments
- Transmission method received – Trading Partner receipt of AKC batch
- Batch Format of files sent by the Trading Partner is correct, (i.e., each batch contains an appropriate header record, one or more transaction records, and a trailer record, and the number of records sent matches the record/transaction numbers indicated in the trailer).
- Valid formatted data for all data fields, e.g., data in the date of injury field must be in DATE format and date of injury is < date of report and cannot be a non-existent date (a date in the future) or values in code fields must have valid code values, etc.

Maine will return an acknowledgement (AKC) for each of the FROI transmission test filings.

- If any header or FROI receives a Transmission Rejected (TR) acknowledgement, the test has failed.
- If the FROI has met all requirements, receives a Transmission Accepted (TA) or Transmission Accepted with Errors (TE), the electronic format testing has been approved.

No Correction to any FROI receiving a TE acknowledgement will be required in this step. However, if the format of the transmission header receives a TR acknowledgement, then resubmission of the transmission batch is required until the header and the format of at least one FROI meets data requirements – at least one FROI receives a TA or TE acknowledgement.

Event Testing

At this time, only First Report of Injury (FROI) Events will be accepted. Refer to the Event Table for a listing of all FROI Events.

First Report of Injury

After the format test has been approved, the electronic transmission sender must submit a batch with at least five FROI filings of claims previously submitted to Maine via the WCB-1 form. The test must consist of at least one record of the following MTCs:

MTC	First Report of Injury
00	Original First Report of Injury
01	Cancel First Report of Injury
02	Change First Report of Injury
CO	Correction
AQ	Acquired Claim

Each FROI electronic submission must pass all Event and Data Element Requirements.

- Any FROI receiving a TR acknowledgement must be resubmitted until it receives a TA or TE acknowledgement.
- Any FROI filing receiving a TE acknowledgement must be corrected and a Correction FROI (CO) must be submitted via a second FROI Event test batch.

Once First Report of Injury testing has been completed, a Maine WCB representative will contact you and advise your next steps.

Test Completion and Approval

After the testing process has been completed successfully, a representative of the Maine WCB will contact you to begin “production” filing of First Report of Injury.

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Events Reported

The State of Maine, Workers Compensation Board, will begin collecting the First Report of Injury in the IAIABC Release 3 format per its rules beginning July 1, 2005. See the State of Maine, WCB, website for additional information and the rules applying to the First Report of Injury. Other information and events will also be required at a future date; therefore, consult the website for announcements of these events and their requirements at <http://www.state.me.us/wcb/departments/technology/electronic.htm>

First Report of Injury

Refer to the IAIABC EDI Claims Release 3 Implementation Guide (see their website: <http://www.iaabc.org>) for a full description and definitions of the First Report of Injury (FROI) and FROI types.

Only the following types (called “Maintenance Type Codes or MTCs”) of First Report of Injury are to be sent on the State of Maine jurisdiction claims:

MTC	First Report of Injury
00	Original First Report of Injury
01	Cancel First Report of Injury
02	Change First Report of Injury
CO	Correction
AQ	Acquired Claim
AU	Acquired/Unallocated
UR	Upon Request - seen note *

Event Table for First Report of Injury

See the Appendix for the Maine Event Table.

The Event Table conveys the level of EDI reporting currently accepted and relates EDI information to the circumstances under which each type is initiated as well as the timeframe for sending the information. Also, refer to the State of Maine WCB Electronic Filing/EDI Rule for specific time frames for each type of report.

Information and Data Reported

Each piece of information for the electronic First Report of Injury (FROI) is defined as a data element. Refer to the IAIABC Claims Release 3 EDI Implementation Guide for definitions of each data element.

First of Injury (FROI) Data Elements Requirements Table

See the Appendix for the Maine WCB FROI Data Elements Requirement Tables which consist of two tables: Table 1, an Explanation of the requirements and Table 2, FROI Data Elements Requirements.

The following discussions pertain to the Data Requirements Table in the Appendix. The table expresses Maine WCB’s requirements for both business and technical data.

Business rules that apply to specific data elements are also required when the data element on the table contains the second indicator of “C” or Conditional, such as MC (Mandatory, Conditional) or EC (Expected, Conditional). The section following the First Report of Injury Data Elements Requirements Table explains the Conditions and Business Rules for all elements with the “C” additional notation.

Transaction Type Codes Required

The Transaction Type Code, the first column of information on the table, is a technical identification for all transactions sent. (Refer to the IAIABC Claims Release 3 Implementation Guide for a complete definition for each of the Transaction Type).

Maintenance Type Code Required

Refer to the table on the previous page for the Maintenance Type Code (MTC) or type of First Report of Injury to be reported to the Maine WCB. Refer to the IAIABC Claims Release 3 Implementation Guide for a complete definition for each of the MTC.

Other information necessary to send transactions, including the “Record” on which the Data Element is sent and its format, as well as Business/Technical Process Rules and Business Scenarios are also included and specified in the IAIABC EDI Claims Release 3 Implementation Guide. The IAIABC EDI Claims Release 3 Implementation Guide (Claims Release 3) may be downloaded, without cost, from their website: <http://www.iaabc.org/edi>

There is an implied sequence of MTCs also. See the IAIABC EDI Claims Release 3 Implementation Guide, Business Scenarios as well as the Business/Technical Process Rules for sequencing information. Maine specific scenarios are located in this guide’s Appendix section following the Maine WCB Event Table.

Basic Filing Rules:

- You must send and have an acknowledgment (no rejection) on most transactions before sending the next one in sequence.
- You must start something (initial payment), before you can stop it (suspension)!
- You must stop something (suspend), before you can restart it (reinstate benefits)!
- You must send something, before you can change it!

First Report of Injury Data Elements Listed

See the Data Elements Requirements Table in the Appendix.

All data elements from the IAIABC Claims Release 3 format are listed; however, the State of Maine WCB requirement for each is listed by First Report of Injury Maintenance Type Code (MTC). Data elements are listed in ascending numerical order and the requirement for each is shown in the MTC column.

FROI Data Element Conditions and Business Rules

Following are the rules which refer to those data elements on the Data Elements Requirement table, indicated as M/C, Mandatory/Conditional, or E/C, Expected Conditional. The elements become M or E under conditions established by the State of Maine WCB and when conditions are met, the customary rules apply.

- 1) The Unemployment Identification (UI) Number is a Mandatory data element, used as Primary Key Match item. If unknown, contact the Maine WCB which will furnish a file with current UI numbers for employers covered by specific carrier/claim administrator.

- 2) If the Employer's physical (location) address is different from its mailing address, then the location or physical address information is "Expected".

Data Element Name	Number	Requirement
Employer Physical Primary Address	DN0019	Expected if Different from DN00168, Employer Mailing Address.
Employer Physical Secondary Address	DN0020	Expected if Different from DN0169, Employer Mailing Secondary Address
Employer Physical City	DN0021	Expected if Different from DN0165, Employer Mailing City
Employer Physical State Code	DN0022	Expected if Different from DN0170, Employer Mailing State Code
Employer Physical Postal Code	DN0023	Expected if Different from DN0167, Employer Mailing Postal Code

- 3) Accident Premises Code is either at a Lessee location or other than lessee or employer's mailing address then accident site address information is "Expected".

Data Element Name	Number	Requirement
Accident Premises Code	DN0249	Either L or X, then:
Accident Site Organization Name	DN0120	Expected
Accident Site Street	DN0122	Expected
Accident Site City	DN0121	Expected
Accident Site State Code	DN0123	Expected
Accident Site Postal Code	DN0033	Expected

If Claim Type is either Indemnity or the claim became an indemnity or lost time claim, then :

Data Element Name	Number	Requirement
Claim Type Code	DN0249	Claim Type must equals "I" or "L"
Initial Date Disability Began	DN0056	Mandatory
Date Employer Had Knowledge of Initial Disability	DN0281	Mandatory

- 5) If Injured Employee is deceased, then the following Data Elements are expected. Also note if either Employee Date of Death or Death Result of Injury Code is present, then the other is Mandatory.

Data Element Name	Number
Employee Date of Death	DN0057
Death Result of Injury Code	DN0146

- 6) If the Injured Employee has returned to work then the Return to Work Date, Return to Work Type Code and Physical Restrictions Indicator are "Expected".

Name	Number	Requirement
Claim Type Code	DN0249	Equals "I" or "L"
Initial Date Disability Began	DB0056	Mandatory
Initial Return to Work Date	DN0068	Mandatory, and must be greater than DN0056, Initial Date Disability Began
Physical Restrictions Indicator	DN0224	Mandatory if Initial Return to Work Date, DN0068 present
Return to Work Type Code	DN0189	Mandatory if Initial Return to Work Date, DN0068 present

- 7) The Employee type* is required based on the indicator entered, as follows:

Data Element Name	Number	Requirement
Employee Social Security Number	DN0042	Mandatory if DN0270 (Employee ID Type Qualifier) equals "S"
Employee Employment Visa	DN0152	Mandatory if DN0270 (Employee ID Type Qualifier) equals "E"
Employee Green Card	DN0153	Mandatory if DN0270 (Employee ID Type Qualifier) equals "G"
Employee ID Assigned by Jurisdiction	DN0154	Mandatory if DN0270 (Employee ID Type Qualifier) equals "A"

*Note: Employee ID Type Qualifier Code of "P" (Employee Passport Number) is not an acceptable value for State of Maine WCB.

- 8) If Insured Name and Insured FEIN are different than Employer Name and Employer FEIN, then Insured Name and Insured FEIN are expected.

Data Element Name	Number	Requirement
Insured Name	DN0017	Expected if different than Employer Name (DN0018)
Insured FEIN	DN0314	Expected if different than Employer FEIN (DN0016)

County Code is expected if the Address given is not for a state in the USA.

Data Element Name	Number	Requirement
Claim Administrator Mailing Country Code	DN0136	Mandatory if Claim Administrator State Code (DN0013) not equal to a USA state
Employee Mailing Country Code	DN0155	Mandatory if Employee Mailing State Code (DN0049) is not equal to a USA State
Employer Physical Country Code	DN0164	Mandatory if Employer Physical State Code (DN0022) is not equal to a USA State
Employer Mailing Country Code	DN0166	Mandatory if Employer Mailing State Code (DN0170) is not equal to a USA State
Accident Site Country Code	DN0280	Mandatory if Accident Site State Code (DN0123) is not equal to a USA State

FROI Data Element Edits

More than one data element or a combination of data elements may result in an error on or rejection of each type of First Report of Injury. Multiple edits may be applied to a data element. Refer to the Appendix for the table of data elements and the edits that apply to each one.

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Glossary

Note that this glossary contains terms used in this Implementation Guide. While these terms and their definitions are the same as in the IAABC Release 3 Implementation Guide, these are added here as a convenience to the Maine user.

Acknowledgment Record: A transaction returned by the jurisdiction as a result of a report sent. It contains enough data elements to identify the original transaction and any technical and business issues found with it.

Acquired File: A claim previously administered by a different claim administrator.

Batch: A set of records containing one header record, one or more detail transactions, and one trailer record. See Transmission Diagram in Systems Rules for the applicable product.

Carrier: The licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer.

Carrier Code (Insurer) Number: A 5-digit numeric code identifying the reporting company (for most states).

Claim: A demand by an individual or corporation to recover under an insurance policy for a loss.

Claim Administrator: Carrier, third party administrator, state fund, self-insured.

Claim Number: An alphanumeric code that uniquely identifies the claim.

Claim Status: A code that indicates whether a claim is opened, closed, reopened or resolved.

Data Element: A single piece of information, e.g. Employee Date of Birth

Denial: Benefit entitlement of the entire claim or a portion thereof has been denied or rejected.

DN: Data Element Number

Edit Matrix: A table identifying edits to be applied to each data element. Senders will apply before submitting a transaction and receivers will confirm during processing.

Electronic Data Interchange (EDI): A general term used to describe the method by which carriers submit data magnetic tape, diskette, BBS, internet or other electronic transmissions.

Element Requirement Table: A receiver-specific list of requirement codes for each data element depending transaction type. See Element Requirement Table Instructions for the applicable product at http://www.iaabc.org/EDI/implementation_guide_index.htm

First Report of Injury Companion Record (R21): A record sent to the jurisdiction to complete the jurisdiction's First Report of Injury requirements. The First Report of Injury Companion Record is identified by a Transaction Set ID of 'R21' and has a specific Record Layout. When sending/receiving CCP Format, this record must be paired with the First Report of Injury record (148) to complete the First Report transaction requirements. Population of the record is dependent on the Jurisdiction's Element Requirement Table.

First Report of Injury Record (148): A record sent to the jurisdiction to complete the jurisdiction's First Report of Injury (FROI) requirements. The First Report of Injury Record is identified by a Transaction Set ID of '148' and has a specific Record Layout. In Release 1.2 or 3, this record must be paired with its companion record, First Report of Injury Companion Record (R21), to complete the First Report of Injury transaction requirements. Population of the record is dependent on the Jurisdiction's Element Requirement Table. Timeliness of the report is dependent on the Jurisdiction's Event Table.

Format: The technical method used to exchange information, e.g. IAABC flat file, hard copy or ANSI X12.

Header Record (HD1): Precedes each batch of data. It is the first record in every batch. It uniquely identifies the sender, the receiver, the date and time the batch was prepared, whether the batch contains test or production data and the transaction types/IAIABC Release contained within the batch. The Header and Trailer records are an “envelope” that surrounds a batch of transactions.

IAIABC: International Association of Industrial Accident Boards and Commissions, which is a group comprised of jurisdictions, insurance carriers, and vendors who are involved in workers’ compensation. Further information may be obtained from <http://www.iaiaabc.org>.

Implementation Guide (IG): User-friendly specifications issued by an industry organization such as the IAIABC. Sets the objectives and parameters of Trading Partner Agreements. May also be exchanged between partners for their unique requirements, e.g. Employer/Carrier.

Insured: A person or business with whom an insurance contract is made.

Insurer: An organization that underwrites or covers an employer (insured) for workers' compensation insurance.

Maintenance Type Code (MTC) – DN0002: A code defining the specific purpose of individual records within the transaction being transmitted.

Maintenance Type Code Date – DN0003: The date the Maintenance Type Code was moved to the transmission queue or flagged for transmission.

Pilot/Parallel: Dual reporting during test phase (Paper/EDI). Production data (real claims) are processed into the test or production system, depending on the Jurisdiction. This is a temporary testing phase as defined by the trading partners with production as the final goal. Generally, it is a phase during which a trading partner reports real data that is verified by a Jurisdiction for correctness until appropriate reporting requirements are met.

Production: A trading partner is sending production data (real claims). The data is loaded into the jurisdiction production system. No dual reporting (paper/EDI) to receiving party from sending party. IAIABC data satisfies the receiver’s reporting requirements.

Requirement Code: A code used to indicate the jurisdiction's requirement severity by data element and report type (FROI, SROI). See Element Requirement Table Instructions for the IAIABC EDI product for a description of applicable Requirement Code values.

Sender FEIN: The Sender FEIN is a component of the Sender ID.

Sender Postal Code: The Sender Postal Code is a component of the Sender ID.

Subsequent Report Companion Record (R22): A record sent to the jurisdiction to complete the jurisdiction's Subsequent Report of Injury requirements. The Subsequent Report of Injury Companion Record is identified by a Transaction Set ID of 'R22' and has a specific Record Layout. When sending/receiving CCP Format, this record must be paired with the Subsequent Report of Injury record (A49) to complete the Subsequent Report transaction requirements. Population of the record is dependent on the Jurisdiction's Element Requirement Table.

Subsequent Report Record (A49): A record sent to the jurisdiction to complete the jurisdiction's Subsequent Report of Injury (SROI) requirements. The Subsequent Report of Injury Record is identified by a Transaction Set ID of 'A49' and has a specific Record Layout. When sending/receiving CCP Format, this record must be paired with its companion record, Subsequent Report of Injury Companion Record (R22), to complete the Subsequent Report of Injury transaction requirements. Population of the record is dependent on the Jurisdiction's Element Requirement Table. Timeliness of the report is dependent on the Jurisdiction's Event Table.

Suspension: Indemnity benefits payments have been interrupted or discontinued due to associated circumstances.

Third Party Administrator: A business entity providing claim services on behalf of the carrier, or self insured. Also known as TPA or Independent Adjuster.

Trading Partner: An entity that has entered into an agreement with another entity to exchange data electronically.

Trading Partner Agreement: A set of expectations and responses between two entities exchanging data electronically. For example what transactions to send, what format to use, what data elements to include, when and where data elements are to be sent, and testing to be performed.

Trailer Record: Designates the end of a batch of transactions. It provides a count of records and/or transactions within a batch. The Trailer Record is used to ensure that the entire batch is complete and valid.

Transaction: The communication of data that represents a single business event. A transaction consists of one or more records.

Transaction Error Log: A file containing a log of each transaction returned to the sender with the expectation of a subsequent filing to correct the error(s). It is suggested to include the details of the acknowledgment (AKC) from the original transaction containing the error and a status on the error. The status on the error facilitates reconciliation of correction failures when all errors are not corrected or new errors result from the correction transaction. The status should be appended with new errors from subsequent correction attempts and successful corrections.

Transaction Log File: A file containing a log of each batch received. It includes a unique ID to maintain the uniqueness of the batch and all of the batch's data elements.

Transmission: Consists of one or more batches sent or received during a communication session.

Trigger: Trigger criteria are the events that cause a particular report to be due for submission to the jurisdiction. Trigger criteria is defined by the jurisdiction in the Event Table for the applicable EDI product.

Appendix

DRAFT

Electronic Trading Partner Profile & Transmission Profile – Sender's Response

Return this page to:

Receiver Name: Maine Workers' Compensation Board Fax: 207-287-7198
Attention: Paul J. Fortier Phone: 207-287-3818
Address: State House Station 27, Augusta, Maine 04333-0027
Email: paul.fortier@maine.gov

Master Trading Partner Information

Sender Legal Name (no abbreviations): _____

Sender ID: The Federal Employer's Identification Number of your business entity. This, along with the 9 position Postal Code (Zip+4), will be used to identify a unique trading partner. The Sender ID FEIN and Postal Code should be the same as those that will be used by the partner as the Sender ID in the Header Record of all EDI transmissions from the partner:

Sender ID – FEIN: _____

Postal Code (9 digits): [_____] + [____]

Sender Trading Partner Type (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Jurisdiction | <input type="checkbox"/> Claim Administrator |
| <input type="checkbox"/> Insurer | <input type="checkbox"/> Self-Insurer |
| <input type="checkbox"/> Employer | <input type="checkbox"/> EDI Service Provider |
| <input type="checkbox"/> Other (specify) _____ | |

Physical Address:

Address Line 1 _____
Address Line 2 _____
City: _____ State: _____ Postal Code: [_____] + [____]

Mailing Address:

Address Line 1 _____
Address Line 2 _____
City: _____ State: _____ Postal Code: [_____] + [____]

Contact Information:

Business Contact

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Technical Contact

Name: _____
Title: _____
Phone: _____
FAX: _____
E-mail: _____

Transaction Information

File Transfer Protocol (FTP):

Sender's *IP Address(s) _____

**The State uses a firewall for access control and only allows filtered access based on the IP address of the sending system. Sender must provide IP address for each machine that they will FTP into their mailbox. Upon receipt of IP Address, a login name and password will be forwarded to Sender for FTP login.*

File Encryption Method: Will sender require PGP encryption/decryption? YES _____ NO _____

MAINE ELECTRONIC TRANSMISSION PROFILE

RECEIVER'S SPECIFICATIONS

For Trading Partner's Info

Receiver Type: Jurisdiction

Receiver ID - FEIN: 52-1609433

Postal Code (9 digits): 043330027

Transaction Information

First Report of Injury (check one)

 Proprietary

FROI Format

or

 IAIABC

Claims FROI (148/R21)
business day

Acknowledgment Information

Response Period

Confirmation and Error Reports

R3 Flat File

AKC

Production

Next business day
by 10 am

Next

by 10

am

Subsequent Reports of Injury

Claims SROI (A49/R22) R3 Flat File
(Note SROI will be required by Jan '06)

Transmission Frequencies

Daily (Monday – Friday)

Other at sender's option (24/7)

File processing begins at 6 am for PGP encrypted files, 7 am for non-encrypted files

Jurisdiction Approved Transmission Method: FTP Only

File Transfer Protocol (FTP)

Specifications

IP Address:

Port:

Login Name:

Password:

*(login name and Password will be provided upon receipt of this form)

Receiver Requirements

198.182.163.91

21

* see below

*see below

File Encryption Method:

PGP encryption/decryption if required by sender

Maine Contact: Maine Workers' Compensation Board

Attention: Paul J. Fortier, Agency Technology Officer

Address: State House Station 27, Augusta, Maine 04333-0027

Phone: (207) 287-3818 Fax: 207-287-7198

Email: paul.fortier@maine.gov

MAINE ELECTRONIC PARTNERING INSURER/CLAIM ADMINISTRATOR ID LIST

Maine Workers' Compensation Board EDI Coordinator & Technical Contact Information

IT Contact Name: Paul J. Fortier

IT Contact Phone Number: 207-287-3818

IT Contact E-mail Address: paul.fortier@maine.gov

IT Contact Fax Number: 207-287-7198

(Trading Partner contact information)

Legal Name (no abbreviations): _____

*Sender ID FEIN: _____

*Postal Code (9 digits): [] + []

Date Prepared: _____

* The Sender ID FEIN and Postal Code should be the same as those that your company will use as the SENDER ID in the Header Record of all EDI transmissions, and should match information submitted on your IAIABC Electronic Trading Partner Profile.

Provide the full Insurer/Claim Administrator Legal Name and FEIN for whose claims the Sender (Trading Partner) will be transmitting data. The Jurisdiction must notify the Sender of any discrepancy between the identifying information in the table and the Jurisdiction's present records. This list will be used to reconcile identification tables, whereas Insurer/Claim Administrator FEIN is the primary key. It is understood that this list will have entries added or removed from time to time, and those changes will be reported in accordance with jurisdiction requirements as outlined in the Trading Partner Documents Instructions.

#	Insurer/Claim Administrator/Self Insurer Legal Name	Insurer/CA Self Insurer FEIN	Type Insurer/CA/Self Insurer
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
16			
18			
19			
20			

Please use additional pages for more than 20 insurers

Maine WCB Event Table

DRAFT

Business Case/Scenarios for First Report of Injury

First Report of Injury, Description of Accident Information

To be added at a later date

Upon Request First Report of Injury

To be added at a later date

DRAFT

Data Elements Requirement Tables

Table 1, Explanation of Requirements for the First Report of Injury (FROI)

DRAFT

Table 2, First Report of Injury (FROI) Data Elements Requirements

DRAFT

Table 3, First Report of Injury Conditional Requirements

FROI Data Element			
DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
DN0017	Insured Name	Not expected if the same as Employer Name	Expected if different from DN0016 (Employer Name)
DN0019	Employer Physical Primary Address		Expected if different from DN0168 (Employer Mailing Primary Address)
DN0021	Employer Physical City		Expected if different from DN0165 (Employer Mailing City)
DN0022	Employer Physical State Code		Expected if different from DN0170 (Employer Mailing State Code)
DN0023	Employer Physical Postal Code		Expected if different from DN0167 (Employer Mailing Postal Code)
DN0033	Accident Site Postal Code		Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0120) is blank
DN0042	Employee SSN		When DN 0270 (Employee ID Type Qualifier) = S, then mandatory
DN0056	Initial Date Disability Began	The date the employee began losing time. This is the first day that the employee lost time.	Required if DN0074 (Claim Type Code) = "I" or "L"
DN0057	Employee Date of Death	The date the employee died.	Required if DN0146 (Death Result of Injury Code) is "Y"
DN0119	Accident Site Location Narrative	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site State Code (DN0123) is blank
DN0120	Accident Site Organization Name	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0120) is blank
DN0121	Accident Site City	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0120) is blank
DN0122	Accident Site Street	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0120) is blank
DN0123	Accident Site State Code	Either Accident Site Address or Accident Site Narrative is Expected if Accident Premises Code (DN0249) = "L" or "X"	Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other) and Accident Site Location Narrative (DN0120) is blank
DN0136	Claim Administrator Mailing Country Code	Country Codes based on comparison to Claim Administrator mailing state code.	2 digit code required if NOT USA
DN 0146	Death Result of Injury Code	A code that indicates whether the employee's death was a result of a work related incident.	Expected if employee has died.
DN0152	Employee Employment Visa		When DN 0270 (Employee ID Type Qualifier) = E, then mandatory
DN0153	Employee Green Card		When DN 0270 (Employee ID Type Qualifier) = G, then mandatory
DN0154	Employee ID Assigned by Jurisdiction		When DN 0270 (Employee ID Type Qualifier) = A, then mandatory
DN0155	Employee Mailing Country Code	Country Codes based on comparison to employee mailing state code.	2 digit code required if NOT USA
DN0164	Employer Physical Country Code	Country Codes based on comparison to employer physical state code.	2 digit code required if NOT USA
DN0166	Employer Mailing Country Code	Country Codes based on comparison to employer mailing state code.	2 digit code required if NOT USA
DN0280	Accident Site Country Code	Country Codes based on comparison to accident site mailing state code.	2 digit code Expected if Accident Premises Code (DN0249) = "L" (Lessee) or "X" (other), Accident Site Location Narrative (DN0120) is blank and NOT USA

Data Edit Tables

Data Number (DN) Error Messages

DRAFT

Value Table

DRAFT

Population Restrictions

DRAFT

Sequencing

DRAFT

First Report of Injury Confirmation Report Format

DRAFT

First Report of Injury Error Report Format

DRAFT

EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE

(Note: the DN Numbers represent a crosswalk to the IAIABC Claims Release 3 EDI data elements.)

1. WCB FILE NUMBER (if known):

DN0005

1a. OSHA 300 CASE NUMBER (if applicable):

REASON FOR REPORT (check all that apply)

2a. <input type="checkbox"/> LOST TIME - ONE OR MORE DAYS } DN0074	2b. WAS EMPLOYEE PAID FOR ½ DAY OR MORE ON DAY OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO } DN0066
3. <input type="checkbox"/> LOST EARNINGS BUT NO LOST TIME DN0074	4. <input type="checkbox"/> MEDICAL/HEALTH CARE
5. <input type="checkbox"/> FATALITY DATE OF DEATH: ____/____/____ DN0057 Also see DN0146 MM DD YYYY	
6a. <input type="checkbox"/> OCCUPATIONAL DISEASE DN0290	6b. DATE OF LAST EXPOSURE: ____/____/____ DN0031 MM DD YYYY
6c. DATE OF DIAGNOSIS AS OCCUPATIONALLY RELATED: ____/____/____ MM DD YYYY	
7a. <input type="checkbox"/> CORRECT PRIOR REPORT DN0002	7b. DATE OF CORRECTION: ____/____/____ DN0003 MM DD YYYY
Note: also see Correction process & DN0295, 0296	7c. DATE CORRECTION SENT TO WCB: ____/____/____ DN0003 MM DD YYYY

EMPLOYER

8. STATE EMPLOYER UNEMPLOYMENT INSURANCE ACCOUNT NUMBER (UIAN): DN0329	9. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): DN0016	10. EMPLOYER NAME: DN0018
11. STREET/P.O BOX MAILING ADDRESS: DN0168-0169	12. CITY: DN0165	13. STATE: DN0170
	14. ZIP: DN0167	15. TELEPHONE NUMBER: DN0159
16. PRIMARY BUSINESS PERFORMED BY EMPLOYER WHERE INJURY OCCURRED: DN0025	17. EMPLOYER LOCATION IF DIFFERENT FROM MAILING ADDRESS: DN0019-0023 EMPLOYER PHYSICAL COUNTRY CODE = DN0164	18. DID INJURY OR EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO DN0249 IF NO, THEN GIVE NAME AND PHYSICAL ADDRESS OF THE EMPLOYER WHERE THE EMPLOYEE WAS INJURED OR EXPOSED: DN0118, 0119, 0121-0123, 0033, 0280 ALSO, ACCIDENT SITE ORGANIZATION NAME = DN0120

(check one) ☐ INSURER ☐ THIRD PARTY ADMINISTRATOR (TPA) ☐ SELF-ADMINISTERED EMPLOYER

19. INSURANCE / TPA COMPANY NAME: DN0007/0188	20. POLICY NUMBER: DN0028	21. INSURER FILE NUMBER: DN0015
22. STREET/P.O. BOX MAILING ADDRESS: DN0010-11	23. CITY: DN0012	24. STATE: DN0013
	25. ZIP: DN0014	26. TELEPHONE NUMBER:

EMPLOYEE

27. LAST NAME: DN0043	28. FIRST NAME: DN0044	29. MI: DN0045	30. TELEPHONE NUMBER: () DN0051	31. SOCIAL SECURITY NUMBER: DN0042	32. GENDER: DN0053 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
33. STREET/P.O. BOX MAILING ADDRESS: DN0046-47	34. CITY: DN0048	35. STATE: DN0049	36. ZIP: DN0050	37. DATE OF BIRTH: DN0052 ____/____/____ MM DD YYYY	
38. OCCUPATION/JOB TITLE: DN0060	39. DATE OF HIRE: DN0061 ____/____/____ MM DD YYYY	40. WEEKLY WAGE AT TIME OF INJURY: \$ DN0062	41. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME AND ADDRESS:		

42. DATE OF INJURY OR ILLNESS: ____/____/____ DN0031 MM DD YYYY	43. DATE OF INCAPACITY: ____/____/____ DN0056 MM DD YYYY	44. TIME EMPLOYEE BEGAN WORK (e.g. 7:30 a.m.):	45. DATE EMPLOYER NOTIFIED INSURER/TPA: ____/____/____ DN0041 MM DD YYYY
DATE EMPLOYER NOTIFIED: ____/____/____ DN0040 MM DD YYYY	DATE EMPLOYER NOTIFIED: ____/____/____ DN0281 MM DD YYYY	46. TIME OF INJURY (e.g. 1:10 p.m.): DN0032	47. HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO DN0189 IF YES, GIVE DATE: ____/____/____ DN0068 MM DD YYYY

48. SPECIFIC INJURY OR ILLNESS (e.g. second degree burn or toxic hepatitis): DN0025	49. BODY PART(S) AFFECTED (e.g. lower right forearm): DN0036	50. ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN THE EVENT OCCURRED (e.g. acetylene torch, metal plate): DN0027
--	---	--

51. SPECIFY ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE EVENT OCCURRED (e.g. cutting metal plate for flooring.):	52. HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED OR MADE THE EMPLOYEE ILL. (e.g. worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against hot metal.): DN0038
--	--

53. HOSPITALIZED OVERNIGHT AS INPATIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO DN0039	54. WAS THE EMPLOYEE TREATED IN AN EMERGENCY ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO: DN0039	55. HEALTH CARE PROVIDER NAME: MCO Name DN0209	56. MAILING ADDRESS:	57. TELEPHONE NUMBER: ()
---	--	---	----------------------	---------------------------

58. PREPARER NAME AND TITLE (TYPE OR PRINT):	59. TELEPHONE NUMBER: ()	60. DATE SENT TO WCB: DN0003 ____/____/____ MM DD YYYY
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